

CLAIMS ONLY							Application Number <b>10700019</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1										
2		1									
3		1									
4		1									
5		1									
6		1									
7		1									
8		1									
9		1									
10		1									
11		1									
12		1									
13		1									
14	1										
15	1										
16		1									
17		1									
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
Total Indep	3						Total Indep				
Total Depend	14						Total Depend				
Total Claims	17						Total Claims				